

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/573,887

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		3/					54						
5		1/3					55						
6		5/					56						
7		6/					57						
8		6/					58						
9		1/					59						
10		5/					60						
11		7/					61						
12		5/					62						
13	1						63						
14		1					64						
15		3/					65						
16		1/3					66						
17		5/					67						
18		1/					68						
19		5/					69						
20		1/					70						
21		1/					71						
22		5/					72						
23		1/					73						
24		5/					74						
25	1						75						
26	1						76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24						TOTAL CLAIMS						